

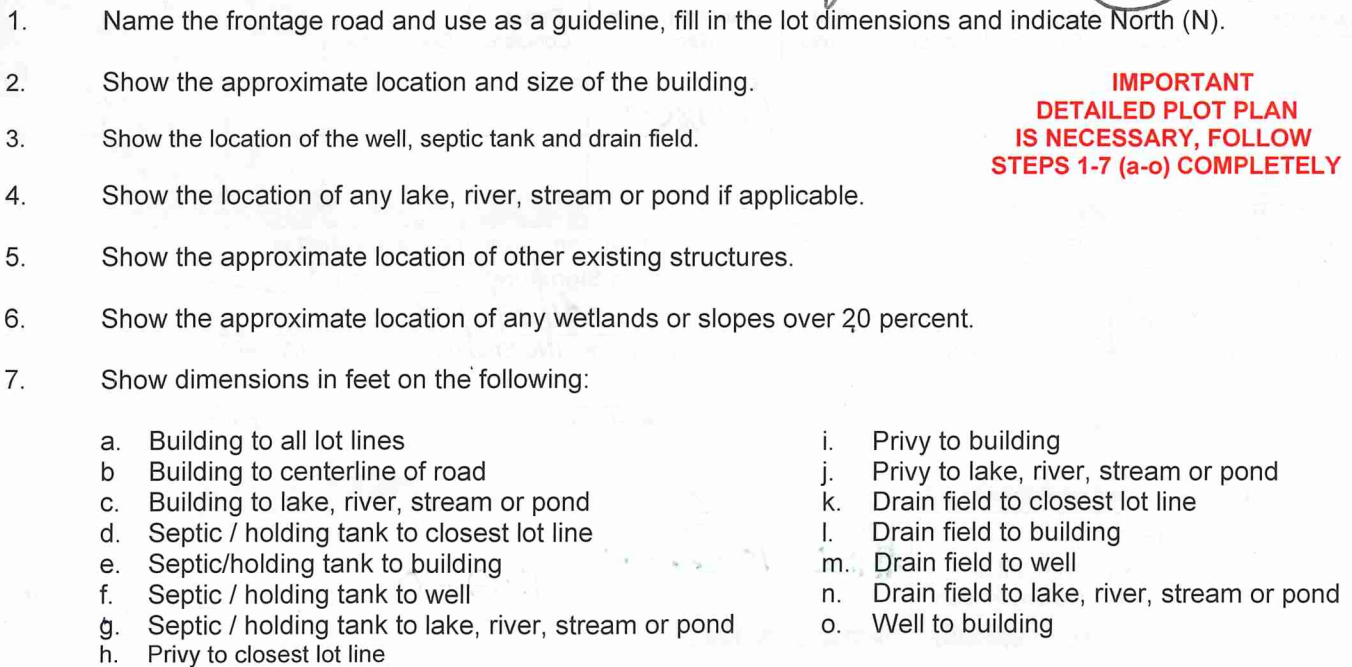
# BAYFIELD COUNTY SANITARY PERMIT APPLICATION



Zoning District <u>E-1</u>
Lakes Class <u>3</u>

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)				Soil Test No:		County Permit No: <u>20-0310</u>						
Property Owner's Name: <u>Heidi Hegstrom</u>				County: <u>Bayfield</u>								
Address of Property: <u>26075 Old Rd C (mailing)</u>				Property Location: <u>SW 1/4 SW 1/4, S 17 T 49 N, R 5 E (or W)</u>								
Property Owner's Mailing Address: <u>Hash 26075 Old Rd C (property)</u>				Township: <u>Bayview</u>		Gov. Lot #:						
City, State: <u>Washburn, WI</u>	Zip Code: <u>54891</u>	Phone Number: <u>715 730 0002</u>	Lot #	Block #	CSM #	CSM Doc #	Subdivision Name					
<b>II. TYPE OF BUILDING: (Check One)</b>				Tax ID#: <u>38305</u>								
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____				<div style="color: red; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">OCT 15 2020</div>								
<b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b>												
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor  <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision      ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)												
B) <input type="checkbox"/> A Sanitary Permit was previously issued. <b>Previous Permit Number:</b> _____ <b>Date Issued:</b> _____												
<b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above</b>												
C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards)  <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet												
<b>V. ABSORPTION SYSTEM INFORMATION:</b>												
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)						
<b>VI. TANK INFORMATION:</b>		Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
		New Tanks	Existing Tanks									
Septic Tank or Holding Tank		<u>200</u>		<u>200</u>	<u>1</u>	<u>Norwesco</u>					<u>X</u>	
Lift Pump Tank / Siphon Chamber												
<b>VII. RESPONSIBILITY STATEMENT:</b>												
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.												
Owner's Name(s): (Print) If applying for Section C above <u>Heidi Hegstrom</u>						Owner's Signature(s): (No Stamps) <u>[Signature]</u>						
Plumber's Name: (Print) If applying for Section A or B) above						Plumber's Signature: (No Stamps)				MP/MPRSW No:		
Plumber's Address: (Street, City State, Zip Code)						Home Phone:				Business Phone:		
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>												
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Sanitary Permit/Transfer Fee: <u>\$150 10-20-20</u>		Date Issued: <u>11-12-20</u>		Issuing Agent's Signature / Date: <u>Todd Norwood 11-9-20</u>				
		<input type="checkbox"/> Owner Given Initial Adverse Determination										
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>												
Conditions per recorded privy agreement												

Lot



**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891



City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **X**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0310** Issued To: **Heidi Hegstrom**

Location: **SW** ¼ of **SW** ¼ Section **17** Township **49** N. Range **5** W. Town of **Bayview**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Other: [ Vaulted Privy (200 Gallon Norwesco )**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Conditions per recorded privy agreement.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**November 12, 2020**

Date